SAN BERNARDINO COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR BRANCH 1 - STRUCTURAL FUMIGATION

Date Submitted:	For Year: ZUL3			
COMPANY INFORMATION:				
Company Name: Registration No				
Mailing Address:				
	Zip:			
Telephone: ()Fax	x: ()E-mail:			
Physical Address: (if different than above)				
	Zip:			
OPR: (Print Name of Operator)	License:Exp:			
SUPERVISION: Qualifying Mar	nager (QM) and Branch Supervisor (BS) (Responsible Person)			
QM: (Print Name)	License: Exp:			
(Print Name) BS: (Print Name)	License: Exp:			
REGISTRATION INFORMATION				
(Submit all pages with appropriate fees	s, and signatures)			
Total Fees Submitted: \$ 25	Make check payable to: AGRICULTURE/WEIGHTS & MEASURES			
Print Name:	Date:			
Signature:	Title:			
I certify that the informati	on provided is TRUE and CORRECT			

THIS REGISTRATION WILL NOT BE VALID IF IT IS NOT ACCOMPANIED BY THE REQUIRED FEE

(if applicable). Food and Agricultural Code section 15204.5(a) requires each licensed structural pest control operator field representative and (SPCB) registered company to register with the commissioner prior to conducting fumigations in any county. The registration shall cover a calendar year. A fee may also be required at the time of registration. The fee shall be set by the county Board of Supervisors, except that in no case shall the fee exceed the actual cost of processing the registration or twenty-five dollars (\$25), whichever is less. Registrations may be amended to add operators, field representatives and locations during the year for a fee not to exceed ten dollars (\$10).

SAN BERNARDINO COUNTY AGRICULTURE/WEIGHTS & MEASURES PESTICIDE USE ENFORCEMENT 777 EAST RIALTO AVENUE SAN BERNARDINO, CA 92415-0720

Est. 11/2007 Page 1 of _____

SAN BERNARDINO COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR BRANCH 1 - STRUCTURAL FUMIGATION

ADDITIONAL BRANCH LOCATIONS 2013

Date Submitted:	For Year:	ZUIJ
1) BRANCH OFFICE (list all) perfo	rming work in the County:	
Branch Address:	Registratio	n No.
	Zip:	goribb/cgnflaM.
Telephone: ()	Fax: ()	
SUPERVISION: Qualifying Manage	er (QM) and Branch Supervisor	(BS) (Responsible Person)
QM:(Print Name)		
BS: (Print Name)	License:	Exp:
2) BRANCH OFFICE: Branch Address:	Registr	ation No.
Telephone: ()		
SUPERVISION: Qualifying Manage	er (QM) and Branch Supervisor	(BS) (Responsible Person)
QM:(Print Name)	License:	Exp:
BS: (Print Name)	License:	Exp:
3) BRANCH OFFICE:		
Branch Address:	Registra Zip	ation No.
Telephone: ()	Fax: ()	THE REGISTRATION WILL 9
SUPERVISION: Qualifying Manage		(BS) (Responsible Person)
QM:	License:	Exp:
(Print Name)		marka tannggi yayin di ayone
BS: (Print Name)	License:	Exp:

SAN BERNARDINO COUNTY AGRICULTURAL COMMISSIONER

REGISTRATION FOR BRANCH 1 - STRUCTURAL FUMIGATION

LIST OF STRUCTURAL PEST CONTROL OPERATORS / FIELD REPRESENTATIVES

Date:	Company:
Instructions	Use 1 sheet per location to record Operators & Field Representatives
	working in this county. Indicate the location from page 2; e.g. 1, 2, 3

	Last Name	First Name	Branch Location from page 2	License Number	Exp. Date
1	n short		page 2		
2	1	Licens			
3					
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17	mill or yet houldhaw year, A. fee	nay also be inquired at the tip	E RE LOCALISTA	The ter shell be a	rei Berein
18	less Repotestions tour by among	ed to add operators, deld reso	sects has and	reations during the	penciles a fee
19	STAR TOTAL				
20	BERNARDING COUNT	Y ()			